



DIVISION OF CHILD CARE AND EARLY LEARNING
LICENSING WAIVER

Region No.

Program/Provider Name:

Provider Address:

City

State

Zip Code

Licensors:

CAMIS ID Number:

What specifically, are you requesting?

Waiver Requested to WAC 388-

Why are you requesting this waiver?

What is the duration of this waiver?

From: _____ To: _____

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What alternatives were explored before requesting this waiver?		
How will you meet the quality/safety needs of the children during the waiver period? (e.g. <i>increase staffing</i>)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you requested previous waivers for this WAC? When:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a request for a waiver because of a finding of child abuse or neglect?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a waiver for a dual license?	
Provider Signature: _____	Telephone Number: _____	Date: _____
Licensur Comments & Signature <u>Complaint History</u>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Approved </div> <div style="width: 60%; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; left: 0; bottom: -10px;">Licensur's Signature</div> <div style="position: absolute; right: 0; bottom: -10px;">Date</div> </div> </div>		
<input type="checkbox"/> Disapproved <i>Do remember to make a note of this waiver in CAMIS</i>		
Supervisors/Regional Manager Comments:		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved </div> <div style="width: 60%; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; left: 0; bottom: -10px;">Supervisor's Signature</div> <div style="position: absolute; right: 0; bottom: -10px;">Date</div> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved </div> <div style="width: 60%; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; left: 0; bottom: -10px;">Regional Manager's Signature</div> <div style="position: absolute; right: 0; bottom: -10px;">Date</div> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved </div> <div style="width: 60%; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; left: 0; bottom: -10px;">DCCEL Policy Administrator's Signature</div> <div style="position: absolute; right: 0; bottom: -10px;">Date</div> </div> </div>		

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